

2010 APR 12 AM 10:30

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRELINGHUYSEN FOR CONGRESS

ADDRESS (number and street)

19 CATTANO AVENUE



Check if different
than previously
reported. (ACC)

MORRISTOWN

NJ

07960

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00148684

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

NJ

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

MM / DD / YYYY
01 / 01 / 2010

MM / DD / YYYY
01 / 01 / 2010

MM / DD / YYYY
01 / 01 / 2010

through

MM / DD / YYYY
03 / 31 / 2010

MM / DD / YYYY
03 / 31 / 2010

MM / DD / YYYY
03 / 31 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **WARREN J. LESHNER**

Signature of Treasurer

Warren J. Leshner

Date

MM / DD / YYYY
04 / 09 / 2010

MM / DD / YYYY
04 / 09 / 2010

MM / DD / YYYY
04 / 09 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)